

State of _____)
County of _____)

Affidavit of Non-Filing of Insurance Policy Forms, Rules and Rates

I, the undersigned _____, on my oath swear that:
(Print or Type Name of Affiant)

1. I am the _____
(Print or Type Office Held)
for _____.
(Print or Type Name of Insurer)

2. _____ will not
(Print or Type Name of Insurer)
issue or issue for delivery any insurance policy(ies) or contract(s) in the state of Missouri, unless it has filed the form(s), rule(s) and rate(s) for such insurance policy(ies) or contract(s) with the Missouri Department of Insurance, Financial Institutions and Professional Registration and such department has reviewed such form(s), rule(s) and rate(s) as provided by law.

(Signature of Affiant)

Sworn to and subscribed before me this ____ day of _____, 20____.

Notary Public